



MACE
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PTO/SB/30 (10-01)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | |
|--|------------------------|---------------|
| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Commissioner for Patents Box RCE Washington, DC 20231 | Application Number | 10/625,942 |
| | Filing Date | July 24, 2003 |
| | First Named Inventor | BANET |
| | Art Unit | 3662 |
| | Examiner Name | G. Issing |
| | Attorney Docket Number | 0307091.0166 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. 1.114**

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☐ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☒ Information Disclosure Statement (IDS)

iv. ☒ Other Return Receipt Postcard

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)

b. ☐ Other _____

3. **Fees**

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1721

i. ☐ RCE fee required under 37 C.F.R. 1.17(e)

ii. ☐ Extension of time fee (37 C.F.R. 1.136 and 1.17)

iii. ☒ Other any additional fees

b. ☒ Check in the amount of \$ 790 enclosed (with Fee Transmittal)

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

| | | | |
|---|--------------------|-----------------------------------|---------------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | |
| Name (Print /Type) | Stephen C. Glazier | Registration No. (Attorney/Agent) | 31,361 |
| Signature | | Date | 22 Dec 05 |
| CERTIFICATE OF MAILING OR TRANSMISSION | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below: | | | |
| Name (Print /Type) | Sadie M. Bone | | |
| Signature | | Date | DEC. 22, 2005 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

12/29/2005 HLE333 00000014 10625942 01 FC:1801 790.00 DP



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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 790

Complete if Known

| | |
|----------------------|---------------|
| Application Number | 10/625,942 |
| Filing Date | July 24, 2003 |
| First Named Inventor | BANET |
| Examiner Name | G. Issing |
| Art Unit | 3662 |
| Attorney Docket No. | 0307091.0166 |

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|--|----------------------------|
| METHOD OF PAYMENT (check all that apply) | |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | |
| <input checked="" type="checkbox"/> Deposit Account: | |
| Deposit Account Number | 50-1721 |
| Deposit Account Name | Kirkpatrick & Lockhart LLP |
| The Director is authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | |
| FEE CALCULATION | |
| 1. BASIC FILING FEE | |
| Large Entity | Small Entity |
| Fee Code | Fee Code |
| Fee (\$) | Fee (\$) |
| Fee Description | Fee Paid |
| 1001 770 | 2001 385 |
| 1002 340 | 2002 170 |
| 1003 530 | 2003 265 |
| 1004 770 | 2004 385 |
| 1005 160 | 2005 80 |
| SUBTOTAL (1) (\$0) | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | |
| Total Claims | -20 ** = 0 |
| Independent Claims | -3 ** = 0 |
| Multiple Dependent | X = 0 |
| Large Entity | Small Entity |
| Fee Code | Fee Code |
| Fee (\$) | Fee (\$) |
| Fee Description | Fee Paid |
| 1202 18 | 2202 9 |
| 1201 86 | 2201 43 |
| 1203 290 | 2203 145 |
| 1204 86 | 2204 43 |
| 1205 18 | 2205 9 |
| SUBTOTAL (2) (\$0) | |

**or number previously paid, if greater; For Reissues, see above

| | |
|-----------------------------------|--------------|
| FEE CALCULATION (continued) | |
| 3. ADDITIONAL FEES | |
| Large Entity | Small Entity |
| Fee Code | Fee Code |
| Fee (\$) | Fee (\$) |
| Fee Description | Fee Paid |
| 1051 130 | 2051 65 |
| 1052 50 | 2052 25 |
| 1053 130 | 1053 130 |
| 1812 2,520 | 1812 2,520 |
| 1804 920* | 1804 920* |
| 1805 1,840* | 1805 1,840* |
| 1251 110 | 2251 55 |
| 1252 420 | 2252 210 |
| 1253 950 | 2253 475 |
| 1254 1,480 | 2254 740 |
| 1255 2,010 | 2255 1,005 |
| 1401 330 | 2401 165 |
| 1402 330 | 2402 165 |
| 1403 290 | 2403 145 |
| 1451 1,510 | 1451 1,510 |
| 1452 110 | 2452 55 |
| 1453 1,330 | 2453 665 |
| 1501 1,370 | 2501 685 |
| 1502 480 | 2502 240 |
| 1503 640 | 2503 320 |
| 1460 130 | 1460 130 |
| 1807 50 | 1807 50 |
| 1806 180 | 1806 180 |
| 8021 40 | 8021 40 |
| 1809 770 | 2809 385 |
| 1810 770 | 2810 385 |
| 1801 790 | 2801 395 |
| 1802 900 | 1802 900 |
| Other fee (specify) | |
| *Reduced by Basic Filing Fee Paid | |
| SUBTOTAL (3) (\$790) | |

| | | | |
|-------------------|-------------------|-----------------------------------|----------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Stephen C. Gazier | Registration No. (Attorney/Agent) | 31,361 |
| Signature | | Telephone | 202 / 778-9045 |
| | | Date | 22 JAN 2005 |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.